

surviving spouse of the deceased, or if there be no surviving spouse, by the children personally, or if minors, by their guardian, shall constitute a consent by such executor, administrator, surviving spouse, or children or guardian to the testimony of any physician who attended said deceased.

A fifth exception is found in the *California Labor Code* and concerns only cases arising under the Workmen's Compensation Act. Thus in Section 4050 of the California Labor Code, it is set forth that:

"Whenever the right to compensation under this division exists in favor of an employee, he shall, upon the written request of his employer, submit at reasonable intervals to examination by a practicing physician, provided and paid for by the employer, and shall likewise submit to examination at reasonable intervals by any physician selected by the commission or any member or referee thereof."

The statute then goes on to provide in Section 4055 that:

"Any physician who makes or is present at any such examination may be required to report or testify as to the results thereof."

In *Winthrop vs. Industrial Accident Commission* (1934) 220 Cal. 114, although the court did not make a decision squarely on the point of physician-patient privileged communication in workmen's compensation cases, it stated that "there is matter in the return to the writ which tends to show that the surgeon's 'refusal' to make a report arose from his *mistaken belief* that the law as to privileged communications applied to him under the circumstances."

(To be continued)

LETTERS†

Concerning Selective Service Statistics:

(COPY)

UNITED STATES SENATE
Committee on Education and Labor
Subcommittee on Health and Education
March 15, 1946

The Editor,
CALIFORNIA AND WESTERN MEDICINE,
California Medical Association,
Room 2004, Four Fifty Sutter,
San Francisco, California.

Dear Sir:

Thank you for sending me a reprint of your December, 1945, number. Since it calls sympathetic attention to an attack on President Truman's and our interpretation of the Selective Service rejection data by Dr. Lowell S. Goin, I presume you would not be averse to my comments.

Our data was obtained from the Selective Service System, and our interpretation based partly on the cautious, sensible statement presented by the Chief of its Medical Division, the distinguished medical scientist, Colonel Leonard G. Rowntree, and partly on various independent studies and analyses which we have in our committee files. We stated that a sixth of the rejectees were rejected for defects remediable as far as medical science was concerned; e.g., such defects as hernia and syphilis. The Army has remedied some 16,000 cases of hernia and 166,000 cases of syphilis, evidence that "the type of medical care program" can and does affect the remedying of unremedied defects. For the first time, many of these cases had medical care freely available to them, with no financial barriers to such care. It is true,

of course, that a certain amount of compulsion was involved in these cases. Such compulsion does not exist in any civilian medical care program.

We stated that an even larger percentage of defects are preventable. We certainly do not agree with Dr. Goin that a better medical care program cannot prevent (or cure) some cases of blindness, for example. Indeed, I am amazed at Dr. Goin's fatalism concerning the possibility of a better medical care program preventing or curing many common diseases. It continues to strike me as very curious that a Senate Committee should have to fight with organized medicine to prove that our national medical care needs are serious, and that our health conditions are susceptible of improvement.

Dr. Goin makes a great deal out of the difference in the exact figures in our chart, our text, and the President's message. The differences are not errors on our part. They are due to the obvious difference in the totals as time went on. Our chart was based on June 1, 1944, data. By the time the report was written and published, it was already January, 1945, and we corrected the text to the current figure. President Truman's message appeared in November, 1945, by which time the number of rejectees had risen by almost another half a million. Thus, there is a simple explanation for what is presented as evidence that we are not "intellectually . . . very honest." Only a careless reading of the texts in support of a thesis could reach such an unwarranted characterization. It is not in keeping with the high dignity of the profession.

Sincerely yours,
(Signed) CLAUDE PEPPER,
Chairman, Sub-committee on Health
Education.

1 1 1

Note. The above letter was sent to Dr. Lowell S. Goin, who in turn, replied to Senator Claude Pepper.

Concerning Brochure for Marriage License Applicants:

(COPY)

CITY AND COUNTY OF SAN FRANCISCO
Department of Public Health

George H. Kress, M.D.
Secretary, California State Medical Association
San Francisco, California
Dear Dr. Kress:

Enclosed please find a copy of a pamphlet, "These Moments," which has been prepared by the Division of Venereal Disease of the City and County of San Francisco Department of Public Health. This pamphlet is to be distributed by the County Clerk to applicants for marriage licenses. In a refined and dignified way it attempts to present information regarding venereal disease to these applicants.

On the last page of the pamphlet you will note that a letter signed by the undersigned has been reproduced. It was thought that the California State Medical Association would be interested in the contents of this letter. The letter, in part, reads as follows:

"Soon you will want to secure a family doctor who will come to know you as a person as well as a patient and who can give you health guidance and consultation through the years. So that he may keep you well, see your doctor regularly every year for physical examinations in order that any developing illness can be checked before it gains a stronghold. When you anticipate children, seek his counsel at the earliest moment. If you do not know a doctor, the San Francisco County Medical Society, telephone WALnut 6100, will be glad to recommend one to you."

It was thought that you would be interested in announcing this pamphlet in the next issue of CALIFORNIA

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

AND WESTERN MEDICINE as this pamphlet should be of considerable interest to the members of our society.

Very truly yours,

s/J. C. GEIGER, M.D.

Director,

Department of Public Health

101 Grove Street.

Concerning Alameda County Sickness Indemnity Committee:

The Alameda County Sickness Indemnity Committee was formed by a group of doctors in Alameda County for the purpose of preserving private enterprise in medicine. These doctors believe that there should be a free choice of physicians by patients and a free choice of patients by physicians.

They believe that any physician wishing to work for a salary or for a panel of doctors or in any way they please should be allowed to do so. They believe that compulsion in any form stultifies the practice of good medicine.

Likewise, they believe that patients should be allowed a free choice of physician and the type of practice of medicine to which they wish to submit themselves.

Many doctors of Alameda County were bitterly opposed to the procedures of C.P.S. Many other doctors were content with it as it was except they felt it was not on a sound financial basis and did not command respect or support because of the very low fees paid.

In the beginning the physicians of California were content in part with this as a political expedient and as an experiment in which data had to be collected for future purposes.

Prepaid medical care presupposes sound insurance principles and/or charity, and by this time it is time to end charity at the expense of the physician alone.

Furthermore, the Alameda Sickness Indemnity Committee was formed because it was impossible to get the above facts debated in the House of Delegates at the Annual Meetings of the California Medical Association.

At the last Annual Meeting of the California Medical Association there was a gentleman's agreement that if the Alameda County delegation did not bring to vote the issue of indemnity insurance vs. service, the Council of the C.M.A. through its president would appoint a committee to study prepaid medical care in all its phases and make recommendations to the next May, 1946, meeting of the House of Delegates. This was done and the Committee under Dr. Lorin Chandler has followed directions well and faithfully and their report is in the hands of the delegates and the officials of the California Medical Association at this time.

Therefore the purposes of the Alameda County Sickness Indemnity Committee will have been accomplished.

With the benefit of the recommendations of Dr. Chandler's Committee, which are the result of many meetings in the past year, each meeting a full day in length, we are assured that the delegates will inform themselves fully as to all the various phases of indemnity insurance vs. closed panel insurance and service.

If the recommendations of the Chandler Study Committee are agreed upon, no licensed physician in the State of California will be denied remunerations from the California Physicians' Service.

And, no patients will be denied the right to go to their own physician if they so desire. If the patients receiving less than a stipulated income elect to go to physician members of the California Physicians' Service they will be guaranteed that there will be no further charge made to them. If, however, they prefer to go to a doctor who is not a member of the California Physicians' Service they will be assured that their money paid through the California Physicians' Service will reimburse them to

the extent of the fee schedule no matter to whom they go.

We believe the philosophy of payment to patients from indemnity insurance companies is correct but we defend the right of any doctor to work under any system he chooses.

We feel that much has been accomplished and whatever the California Medical Association House of the Delegates decides, after free open debate and the opportunity for study that has been given them, should be final. We further believe that whether physicians wish to join as physician members of California Physicians' Service or not each should give his wholehearted support to the California Physicians' Service as he would to any other prepaid medical care plan which clearly states its benefits and its limitations.

We know that the prepaid medical care service plan is no local issue and we are aware that only through trial and error can a perfect system be established.

The criticism of the Alameda County Sickness Indemnity Committee on the whole was constructive criticism and not an effort to destroy California Physicians' Service. It was an effort to improve C.P.S. for the greatest good of the greatest number of patients and the greatest number of physicians.

The officials of the California Medical Association have wholeheartedly supported the Chandler Committee with help of every sort and no expense was spared to make available to them everything that could be gathered in the way of information. We, the Indemnity Committee, as a body wish to express our sincere appreciation of their efforts.

Many things have been said, but the old saying, "The squeaking wheel gets the grease" is still true. While our words were rough at times it was for the purpose of promoting voluntary prepaid medical care and improving the instrument of the California Medical Association.

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Concerning Recent New York Law on Dissection:

(COPY)

THE EYE-BANK FOR SIGHT RESTORATION, INC.
210 East 64th Street
New York 21, N. Y.

April 11, 1946.

News Editor
California and Western Medicine
Room 2004, 450 Sutter Street
San Francisco, California

My dear Sir:

I am writing to let you know that the Penal Law of the State of New York has been amended so as to authorize dissection of the dead body of a human being and "whenever and so far as the husband, wife or next of kin of the deceased, being charged by law with the duty of burial, (a) may authorize dissection for the sole purpose of ascertaining the cause of death, or (b) may authorize dissection for any other purpose by written instrument which shall specify the purpose and extent of the dissection so authorized."

For your information the number of the Bill is Senate Nos. 863, 2396, Int. 821.

Sincerely,

s/MRS. HENRY BECKENRIDGE

The Eye-Bank for Sight Restoration, Inc.